

Case Number:	CM15-0081640		
Date Assigned:	05/04/2015	Date of Injury:	03/27/2011
Decision Date:	06/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female, who sustained an industrial injury on 3/27/11. She has reported initial complaints of injuries to the neck, bilateral hands and wrists, bilateral shoulders, lumbar and thoracic spine doing repetitive work. The diagnoses have included joint pain of shoulder, carpal tunnel syndrome, lesion of the ulnar nerve, osteoarthritis of shoulder, and rotator cuff tear. Treatment to date has included medications, activity modifications, surgery and physical therapy. The diagnostic testing that was performed included x-rays and electromyography (EMG)/nerve conduction velocity studies (NCV) of the upper extremities. Currently, as per the physician progress note dated 3/25/15, the injured worker is seen for follow up visit for bilateral wrist pain that has been unchanged. She complains of moderate pain in the bilateral shoulders. She is to remain off work until 5/7/15. The physician requested treatment included Kera Tek gel for pain and inflammation. The medication list includes Orphenadrine / caffeine, Gabapentin / Pyridoxime, and Omeprazole / Ibuprofen, Zoloft, Norco, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Kera Tek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: Kera Tek gel. Kera-Tek analgesic gel contains methyl salicylate and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. There is no evidence in the records provided that the pain is neuropathic in nature. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the request for Kera Tek gel is not medically necessary in this patient.